

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2350

Registration District No. 218

Primary Registration District No. 5297

Registrar's No. 10

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town Rural-Blackwater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 yrs. (Specify whether years, months or days)

9. (a) PRINT FULL NAME FLOYD-ELMER-LANDON

8. (b) If veteran, ✓ name war ✓ 8. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Carrie Mae Landon 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March - 1 - 1886 (Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 19 If less than one day - hr. - min.

9. Birthplace POSTAL MO D (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business SAME

12. Name Robert Landon

13. Birthplace Postal MO D (City, town, or county) (State or foreign country)

14. Maiden name Hennetta Ferris

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Nowlin

(b) Address Blackwater Mo

17. (a) Burial (b) Date thereof 1-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Hay & Painter

(b) Address Pilot Grove, Mo.

19. (a) 1-22-41 (b) D. Cooper (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town Rural-Blackwater-Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR-Blackwater-Mo (If rural, give location)
(e) If foreign born, how long in U. S. A. 8 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1941 hour 5 minute 20 M.

21. I hereby certify that I attended the deceased from 1-9-41, 1941, to 1-30-, 1941;
that I last saw him alive on 1-9-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 1 Yr.

Due to 46

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature G. O. Boley (M. D. or other) D

*Address Pilot Grove Date signed 1-22-41

RECEIVED
District Health Officer No. 8,
District File Number
2-6-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Myself
working under my personal supervision.

Registered Apprentice No. _____

Signed

Robert L. Painter

Licensed Embalmer No. *4069*

P. O. Address

Pilot Grove, m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.